SUNY New Paltz Journal of Psychology
2025: Vol. 1, Article No. 3

"And Who Set That System Up?" Laura Brown's Feminist Therapy Theory as an Approach to Reducing Suicide Rates in Men

Alicea Gafford[1]

[1] Department of Psychology, SUNY New Paltz, USA

Corresponding Author:
Alicea Gafford, Department of Psychology, 1 Hawk Dr., New Paltz, NY 12561
Email: gafforda1@newpaltz.edu

Abstract

The mental health field routinely fails to support men's mental health and lacks adequate research to understand how to effectively treat people assigned male at birth. Symptoms of depression, specifically rates of suicide, in men are higher than their female counterparts; while depression itself is dignosed more in women. Feminist therapy aims to understand the structure of the partriarchy and it's impact on those oppressed by it. Dr. Laura S. Brown (2018) describes a model of Feminist Therapy Theory that discusses the role of the patriarchy within different demographics. This paper agrees that women are not the only population affected by the patriarchy, and using Dr. Brown's framework, explains how feminist therapy theory can be beneficial to men in to reduce the disparity betweeen sexes and improve efficacy in treating thoughts of suicide and suicidal tendencies as a result of depression in men.

Keywords: feminist theory, feminist therapy, men, depression, suicide

Displays of depression in the media are presented by images of Eeyore from Winnie the Pooh, a children's show with unique characters that describe some of the experiences of childhood (Pfithen, 2021) and Hannah Baker from 13 Reasons Why, a book and show about the decision to commit suicide based on the actions of others, (Fenwick, 2020). These characters represent two ends of the depression spectrum. Eeyore displays a general melancholic outlook on his daily life; he does all of the things that he needs to do, but experiences low energy with pessimism and general sadness. Hannah Baker, on the other hand, is a new student that experiences depression after a series of events makes her feel so powerless that she feels the need to end her life.

In a general sense, depression is characterized by, intense feelings of overwhelming sadness and a negative view of the world; along with mood change, depression comes with behavioral changes like a loss of interest in previously enjoyed activities and low energy (Raskin, 2024). Currently, getting diagnosed with Major Depressive Disorder in the United States is based off the criteria laid out in the 5th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). The DSM-5 described Major Depressive Disorder as having "one or more depressive episodes" (American Psychological Association, 2013). They categorize depressive episodes by listing duration requirements that include both physiological symptoms (changes in appetite, lethargy, etc.) and psychological symptoms (concentrating difficulties, guilt or worthlessness, suicidality, etc.) (American Psychological Association, 2013). While not everyone experiencing a depressive episode will have all of these symptoms, each individual symptom can become a major hinderance in everyday life.

According to a 2021 report on Drug Use and Health, 3.7 million adolescents (14.7% of adolescents in the U.S.) and 21 million (8.3% of adults in the U.S.) had at least one depressive episode (NIMH, 2021). According to the same report, 61% of those who claimed to have at least one major depressive episode actually ended up receiving treatment for their symptoms (NIMH, 2021). While that statistic may seem empowering, what it really means is that 39% of those who are experiencing

depressive episodes are not receiving the necessary treatment for their symptoms. Unchecked, or improperly treated symptoms can lead to worsening and more severe issues like higher rates of substance abuse and suicide (Bruce, 2024).

Suicide is an alarming symptom when it comes to depression. In 2022, the Center for Disease Control (CDC) calculated that approximately 49,000 people died by suicide; along with 13.2 million people who seriously thought about suicide, 3.8 million people who made a plan for suicide, and 1.6 million people who attempted suicide (Center for Disease Control, 2024). There is also sufficient evidence for the belief that suicide attempts and rates are underreported (Fernandez & Jayawardhana, 2024; Pritchard, Iqbal, & Dray, 2020), making it a much bigger problem than just the statistics say.

Suicide is seen as final option to handling and dealing with depression and was often a last resort for people who attempted (Gross, 2023; Meier, 2022). Those who have attempted suicide share that had they had a therapist who shamed them for their attempt. Had the therapist, instead, empathized with what lead them to wanting to end their life, they would have talked more openly about their thoughts and behaviors (Holt, et al., 2024; Hom et al., 2021). With the current rates of suicide in the United States and the poor treatment and stigma around those who have committed suicide, there needs to be a different approach.

Male Depression and Suicidality

Although women are diagnosed with depression at higher rates than men (Swetlitz, 2021), men complete suicide at exponential rates compared to women (Swetlitz, 2021). While evidence suggests that women do have higher rates of depression, suggesting not a disparity in reporting, there evidently appears to be a disparity in treatment. Suicide rates being as high as they are, make it more likely that depression is fatal, at higher rates, for men (Swetlitz, 2021) rather than women.

Researchers seem to understand that there is an issue with men receiving treatment for their depression and managing suicidal tendencies but provide little understanding for how to fix the inequality. The issue is as clear as day, men experience more difficult seeking help when they are in pain (Nystrom et al., 2023). In the field of men's mental health, contemporary research suggest that male social norms are the cause of untreated depression. Granato, Smith, & Selwyn (2015) state that increased distress and anti-help behavior in men leads to higher rates of suicide and emotional crisis.

Causes

Ample research regarding men's depression and suicide is available. One article states that depression in men is the result of "encouraging self-reliance" in men (Nystrom et al., 2023), others explain that anti-help seeking behaviors occurs in because society views men as more capable and require them to engage in self-preservation, more than their female counterparts. One article even goes as far to explain a "Catch-22" situation where getting help is seen as a weakness and is stigmatized and when they preserve to get help, they experience even more stigma (Clemet et al., 2015).

Looking more at gender roles for an explanation for rampant depression symptoms, Granto and colleagues argue a behavioral perspective and cause, explaining that feminine behaviors, like making displays of emotion, tend to be punished, while masculine behaviors involving concealing pain and being provocative are rewarded (Granato et al., 2015). Women are encouraged to cope by expressing their feelings (crying, talking, etc.), while men are taught to "buck up" and "be a man" while punishing the behaviors that women are opening "allowed" to engage in. Social norms and emotional control are the lead causes of risky-health behaviors and the cause of not being able to recognize distress when they are in it (Levant et al., 2009; Nystrom et al., 2023). Another study found that when men or women embraced "traditionally masculine" powers, they were more likely to engage in pain-provoking treatments of depression, like suicide (Granato et al., 2015), suggesting that it is not simply biological but social in nature.

Established Approaches

Research in treating male depression and suicide is on the lighter side and are the result of comorbid functions. An abundance of research revolves around specific events like using EMDR for trauma in men (Cigrang et al., 2017; O'Gorman et al., 2024) or treatment of eating disorders (Greenberg & Schoen, 2008). Through the lens of geriatric research, research on treatments for depressive symptoms in men spikes (Price et al., 2015; Vannoy et al., 2018). Suicide rates for men over the age of 85 were the highest compared to any other age group (Center for Disease Control, 2024), which might account for advanced research. Treatment in older men support a traditional "talk therapy" approach to treatment along with continuation of care for the client (Price et al., 2015).

Feminist Therapy Theory: Dr. Laura S. Brown (2018)

Feminist Theory is commonly understood as a social justice perspective of psychotherapy (Raskin, 2024). While the methods and individual exercises within the paradigm may differ, the overarching claim is that Feminist Therapy Theory aims to

understand human experience through the patriarchy and the power imbalance that occurs as a result (Brown, 2018; Levitt & Whelton, 2024; Raskin, 2024). Feminist Therapy Theory is a relatively new framework, with no one, single creator. Dr. Brown (2018) describes that Feminist Therapy Theory was the result of grassroots and second-wave feminism making way for a more thoughtful approach treating psychopathological distress.

Dr. Laura S. Brown is an American Psychologist who has over a hundred publications during her tenure in academia and was the former present of the Society for the Psychology of Women at the APA (Brown, 2024). She has also been responsible for editing several feminist theory-based pieces, along with authoring her own book,

Feminist Therapy and Theory

Dr. Brown opens her book with a basic historical background of what was, and what is, Feminist Therapy. She provides the basic understand that Feminist Therapy previously worked to connect and relate only to cisgender women. However, that never should have been the only group it applied to. Brown explains that Feminist Therapy relates to any, and all, marginalized groups, explicitly stating that Feminist Therapy Theory is. "a primary strategy for comprehending human difficulties" and "…a practice that encompasses work with people of all genders" (Brown, 2018).

Moving into Dr. Brown's own thoughts on the theory, she explains that the Feminist Therapy theory is more of an approach for humankind, more than it is as a rule book for women. She describes a "dominant patriarchal mainstream" (Brown, 2018) as a basis for the theory. Her goal is to establish the concept of the "status quo" and the belief that there is a system with a "right way" and a "wrong way" created by the patriarchy that everyone is forced to live in. She iterates that only with a delicate analysis of psychosocial factors (race, class, sexual orientation), can people truly understand negative experience and distress (Brown, 2018)

She talks about "subversion" as a theory about using all the tools in therapy to reconceptualize how the patriarchy enforces everyday behaviors (Brown, 2018). Previously mentioned was the idea of encouraging traditionally masculine behavior and punishing traditionally feminine behaviors. The authors of that study talk about how when a football player gets hurt, he is supposed to "walk it off" and keep playing the game. While when women go through some sort of pain, resting is seen as selfish and not doing enough for others (Granato et al., 2015). Toughness is required and "softness" is critized and shamed. In the same regard, opening up as a woman is shown as an "empowering" behavior and essential to the feminist therapy (Brown, 2018).

The biggest component that Dr. Brown talks about is power dynamics. Power, in feminist therapy theory is essential to understanding the patriarchy. The world is shaped by "disempowering" and "empowering" messages and that gendered roles are based on who has the power in the situation (Brown, 2018). This can be seen in sexism in the workplace. Sexual harassment is the result of a power imbalance of one gender being able to say things and make comments that other people feel disempowered to do anything about (Bareket & Fiske, 2023). Power is what makes every type of inequality possible. Dr. Brown argues that the goal of feminist theory, is to question and challenge that power (Brown, 2018).

Application

Feminist Therapy Theory seems to attack traditional gender norms in so many ways. The therapists who practice this, tend to spend a lot of time acknowledging the systems they are currently dealing with. Brown says that a therapist asks a lot of questions:

> What are the power dynamics in this situation? Where am I taking patriarchal assumptions for granted as true? What norms about power and powerlessness are so built into my assumptions, or those of my client, that I am taking them as unassailable? (Brown, 2018).

She takes a "know your enemy" approach to challenging concepts within the patriarchy. Without knowing what the power dynamic, understanding how to change it can make life feel impossible. The heirarchies in place makes things seem like real social change is futile. However, gender roles have always been malleable because they are a social construct. Before the 1970s, women were not allowed to own property or credit cards (Frankel, 2025); but now, women have the ability to function independent of a man. Indicating that it takes questioning and challenging the norm in order dismantle the unequal distribution of power. Feminist therapy theory is about reminding the clients that they do have the power in situations to challenge, even if they might feel like they do not.

Feminist therapy theory also encourages clients to take an active role in the power struggle. Therapists will ask the clients how they might be internalizing perceived power in certain situations (Brown, 2018). Stereotype threat is a concept in social psychology where the person who feels like the "weaker" component, will actually perform weaker. We see this in the business

world where male leaders embrace the belief that what they know is absolutely right, whereas female leaders spend more time questioning their position in the business (Lin et al., 2025). The role of the therapist is to not only ensure that the client is questioning the power, but also believing the issue in the power imbalance and teaching the client that they are justified in taking action against it.

Connection: Dr. Brown's Feminist Theory and Male Suicidality

In her novel, Dr. Brown liked to describe different scenerios and explain how Feminist Therapy Theory applied in the situation. In her novel, she describes "Gary" as a cisgender man in his 30s who has been diagnosed with Asperger Syndrome. She explains that he was bullied by neurotypical people his whole life because his behaviors were "weird" (Brown, 2018). Gary, in this case, was the victim of a power imbalance. People looked at him differently, they judged him, and they made assumptions. Brown (2018) explains that empowering Gary to push back and make moves against the people who bullied him, would help him functioning in his everyday life. Empowering him and understanding the barriers that stand in his path would improve some of the negative symptoms that come with being looked down on.

Feminist Therapy Theory: Not Just for Women

Contrary to the title of the theory, Feminist Therapy Theory can be an effective treatment for anyone experiencing thoughts or feelings of suicide. Dr. Brown would agree. In her book, she states that even those who seem to benefit from the system of the patriarch, particularly men, there are still "toxic social hierarchies" at play that can impair their everyday functioning (Brown, 2018). Men, in particular, tend to not seek help because it seems "unmasculine" to do so, and with untreated symptoms, turn to suicide as a result (Granato et al., 2015; Hoffman, 2021). Despite having the seemingly "benefits" to the power indifference, men regularly suffer grave impacts from the hierarchy.

Men are often so deep into the hierarchy that they do not even notice the power difference. In a study to provide education to men who abuse their partners, researchers found that after providing a combination of cognitive behavioral therapy and feminist therapy, violent behaviors decreased, at a statistically significant amount (Lawson et al., 2001). Lawson (2001) also found that violent behaviors were increased in men who held a typically traditional view of the sexes. They expect more out of their partner and more out of themselves. This supports a key belief in Brown's (2018) work that people become so immersed that sometimes they do not even see their behavior as toxic because it is all they know.

How It Works

Feminist Therapy Theory works to reduce suicide rates in men, in the same way that it works in the day-to-day for women. When men having thoughts of suicide, they feel powerless. They feel that they are out of options and think that suicide is the only way out (Gross, 2023; Meier, 2022). As Brown (2018) has illustrated, feminist therapists spend their time looking at every person individually to understand the context. These therapists look at gender in society, individual power in society, and intersecting identities to help their client develop a strategy that can help them improve in their life. Applying these concepts to men who are suicidal, teaches and encourages them that they have options and that there are specific things that they might be able to do that make them want to live.

Feminist Therapy Theory does something that no other approach in treating depression in men does; it empathizes and creates an understanding of the view of traditional views. Masculine perspectives of self-reliance and internalizing that increase suicidal tendencies (Nystrom et al., 2023) are challenged and rejected by the Feminist Therapy Theory and work to protect people from their own thoughts about what is socially acceptable (Brown, 2018). She says that the struggles that people experience with staying alive are evidence of not achieving power in the patriarchy and that the first goal that the therapist should offer is the goal to fight to not give up.

Levitt and Whelton (2024) explain that social conditions, like gender norms, lead to psychological difficulties and interrupt people's ability to make meaning and have purpose. Although suicide is less associated with purposelessly, it can impact the decision to attempt it. In a study done on older male adults, the authors found that economic hardship and job loss lead to increased thoughts and attempts of suicide (Dombrovski, et al., 2018). Finding meaning and impact in a system that encourages isolation is another core of feminist therapy theory. Brown (2018) suggests that people have to understand and challenge their role in the system in order to find fulfillment.

Discussion

Male rates of suicide are at alarming rates. Depression itself has various treatments including anti-depressants, anti-anxieties, talk-therapy, and many more (Raskin, 2024). Medication can have negative side effects, including the possibility of making

symptoms worse. Research on male-specific treatments is reduced because men's mental health has only just gotten the attention it deserves in the past few years.

Impact

The largest impact is to reduce suicidate rates by empowering men. Men need, and deserve, the same kind of encouragement that women get. They deserve to know that they can defy traditional gender norms. They should be encouraged to challenge the stigma of speaking out about what they are dealing with. They should be supported when they express how they are feeling instead of being dismissed or rejected. Rogers (2022) says, "Our human nature prepares us to connect and empathize, to care and be curious" and that we should create environments where people can connect based on their experiences. In order to do so, he states that we should disrupt toxic cultural norms and build healthy masculinities that make a strong society.

Limitations

While the author of this paper want to acknowledge the spectrum that is gender: transgender man, transgender woman, nonbinary, cisgender man, cisgender woman, etc., the research and concepts presented in this paper talks about and refers to sex assigned at birth. Dr. Brown supports using Feminist Therapy Theory with everyone dealing with power imbalance, especially those with LGBTQ+ background, but due to writing limitations, those avenues were not explored in this paper. With more resources and a deeper review of feminist therapy literature, there is room to discuss how feminist theory might impact those with differing identities.

Feminist Therapy Theory does have goals, but the model itself doesn't have specific treatment goals (Brown, 2018). Instead, the therapeutic relationship should be empowering over time and encourage the client to do what they feel is necessary in order to be successful. Going along with the client-centered approach, there are only self-reports. Therapists are not obligated to measure on a standardized skill and instead rely on feedback from the client about life satisfaction and improvement (Brown, 2018). While rates of suicide are measurable, determining a cause-and-effect relationship would be difficult to determine due to lack of valid measures.

Acknowledgements

I would like to acknowledge Silvana Nasim, whom is one of the most intelligent, down-to-earth, and optimistic people I've ever met. She continues to inspire me every day and I strive to be half as good of a writer as she is.

References

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). https://doi.org/10.1176/appi.books.9780890425596

Bareket, O., & Fiske, S. T. (2023). A systematic review of the ambivalent sexism literature: Hostile sexism protects men's power; benevolent sexism guards traditional gender roles. *Psychological Bulletin*, *149*(11–12), 637–698. https://doi.org/10.1037/bul0000400

Bennett, S., Robb, K. A., Zortea, T. C., Dickson, A., Richardson, C., & O'Connor, R. C. (2023). Male suicide risk and recovery factors: A systematic review and qualitative metasynthesis of two decades of research. Psychological Bulletin, 149(7–8), 371–417. https://doi.org/10.1037/bul0000397

Brown, L. S. (2018). *Feminist therapy* (2nd ed.). American Psychological Association.

Brown, L. S. (2024, April). *About Laura*. Laura S. Brown, Ph.D. ABPP. https://www.drlaurabrown.com/about/

Bruce, D. (2024). *Side effects of untreated depression*. WebMD. https://www.webmd.com/depression/untreated-depression-effects

Canetto, S. S., Entilli, L., Cerbo, I., & Cipolletta, S. (2023). Suicide scripts in Italian newspapers: Women's suicide as a symptom of personal problems and men's suicide as a symptom of social problems. *Crisis: The Journal of Crisis Intervention and Suicide Prevention*, *44*(5), 398–405. https://doi.org/10.1027/0227-5910/a000890

Centers for Disease Control and Prevention. (2024). *Suicide data and statistics*. Centers for Disease Control and Prevention. https://www.cdc.gov/suicide/facts/data.html

Cigrang, J. A., Rauch, S. A., Mintz, J., Brundige, A. R., Mitchell, J. A., Najera, E., Litz, B. T., Young-McCaughan, S., Roache, J. D., Hembree, E. A., Goodie, J. L., Sonnek, S. M., & Peterson, A. L. (2017). Moving effective treatment for posttraumatic stress disorder to primary care: A randomized controlled trial with active duty military. *Families, Systems, & Health*, *35*(4), 450–462. https://doi.org/10.1037/fsh0000315

Clement S, Schauman O, Graham T, Maggioni F, Evans-Lacko S, Bezborodovs N, Morgan C, Rüsch N, Brown JS, Thornicroft G. What is the impact of mental health-related stigma on help-seeking? A systematic review of quantitative and qualitative studies. *Psychol Med*. 2015 Jan;45(1):11-27. http://doi.org/10.1017/S0033291714000129

Dombrovski, A. Y., Aslinger, E., Wright, A. G. C., & Szanto, K. (2018). Losing the battle: Perceived status loss and contemplated or attempted suicide in older adults. *International Journal of Geriatric Psychiatry* , *33* (7), 907–914. http://doi.org/10.1002/gps.4869

Fenwick, G. (2020, June 5). 13 reasons why recap: Here's what happened in Seasons 1-3. *The Standard*. https://www.standard.co.uk/culture/tvfilm/what-happened-13-reasons-why-recap-a4455056.html

Fernandez, J. M., & Jayawardhana, J. (2024). Are suicides underreported? the impact of Coroners versus medical examiners on suicide reporting. *Health Services Research*, 60(2). https://doi.org/10.1111/1475-6773.14381

Frankel, R. (2025, March 5). *History of women and credit cards: 1970s to present*. Forbes. https://www.forbes.com/advisor/credit-cards/when-could-women-get-credit-cards/

Granato, S. L., Smith, P. N., & Selwyn, C. N. (2015). Acquired capability and masculine gender norm adherence: Potential pathways to higher rates of male suicide. *Psychology of Men & Masculinity*, *16*(3), 246–253. https://s443-doi-org.libdatabase.newpaltz.edu/10.1037/a0038181

Greenberg, S. T., & Schoen, E. G. (2008). Males and eating disorders: Gender-based therapy for eating disorder recovery. *Professional Psychology: Research and Practice*, *39*(4), 464–471. https://doi.org/10.1037/0735-7028.39.4.464

Gross, T. (2023, April 6). *A survivor of multiple suicide attempts explains "how not to kill yourself."* NPR. https://www.npr.org/2023/04/05/1168104827/how-not-to-kill-yourself-suicide-clancy-martin

Hoffman, E., & Addis, M. E. (2021). Dilemmas of agency and blame in men's talk about depression. *Psychology of Men & Masculinities*, *22*(4), 669–677. https://doi.org/10.1037/men0000329

Holt, N. R., Botelho, E., Wolford-Clevenger, C., & Clark, K. A. (2024). Previous mental health care and help-seeking experiences: Perspectives from sexual and gender minority survivors of near-fatal suicide attempts. *Psychological Services*, *21*(1), 24–33. https://doi.org/10.1037/ser0000745

Hom, M. A., Bauer, B. W., Stanley, I. H., Boffa, J. W., Stage, D. L., Capron, D. W., Schmidt, N. B., & Joiner, T. E. (2021). Suicide attempt survivors' recommendations for improving mental health treatment for attempt survivors. *Psychological Services*, *18*(3), 365–376.

Joyce, E., Pratt, D., & Lea, J. (2024). Men's perspectives on the relationship between masculinities and suicidality: A thematic synthesis. *Psychology of Men & Masculinities*, *25*(3), 221–239. https://s443-doi-org.libdatabase.newpaltz.edu/10.1037/men0000472

Lawson, D. M., Dawson, T. E., Kieffer, K. M., Perez, L. M., Burke, J., & Kier, F. J. (2001). An integrated feminist/cognitive–behavioral and psychodynamic group treatment model for men who abuse their partners. *Psychology of Men & Masculinity*, *2*(2), 86–99. https://doi.org/10.1037/1524-9220.2.2.86

Levant, R. F., & Richmond, K. (2007). A review of research on masculinity ideologies using the Male Role Norms Inventory. *The Journal of Men's Studies*, *15*, 130–146. http://doi.org/10.3149/jms.1502.130

Levant, R. F., Wimer, D. J., Williams, C. M., Smalley, K. B., & Noronha, D. (2009). The relationships between masculinity variables, health risk behaviors and attitudes toward seeking psychological help. *International Journal of Men's Health, 8*(1), 3–21. https://doi.org/10.3149/jmh.0801.3

Levitt, H. M., & Whelton, W. J. (2024). On the need to reconcile cultural and professional power in psychotherapy: Humanistic principles that are foundational for feminist multicultural practice. *The Humanistic Psychologist*, *52*(2), 137–162. https://doi.org/10.1037/hum0000327

Lin, S.-H. (Joanna), Woodall, J. P., Mitchell, M. S., Chi, N.-W., & Johnson, R. E. (2025). The gendered nature of leader behaviors: Navigating stereotype threat from conservation of resources and gender role perspectives. *Journal of Applied Psychology*. https://doi.org/10.1037/apl0001263

Meier, M. (2022). *Suicide attempt survivor shares story of resiliency and hope*. Team McChord. https://www.mcchord.af.mil/News/Article-Display/Article/3169359/suicide-attempt-survivor-shares-story-of-resiliency-and-hope/

NIMH. (2021). *Major depression*. National Institute of Mental Health. https://www.nimh.nih.gov/health/statistics/major-depression#part_2567

Nystrom, D. A., del Campo, C., & Fernández-Cornejo, J. A. (2024). Intersectional analysis of men's masculinities and mental health-seeking behavior: A novel application of multiple correspondence analysis. *Psychology of Men & Masculinities*, *25*(1), 57–70. https://doi.org/10.1037/men0000457

O'Gorman, K., Pilkington, V., Seidler, Z., Oliffe, J. L., Peters, W., Bendall, S., & Rice, S. M. (2024). Childhood sexual abuse in boys and men: The case for gender-sensitive interventions. *Psychological Trauma: Theory, Research, Practice, and Policy*, *16*(Suppl 1), S181–S189. https://doi.org/10.1037/tra0001520

Pfithen. (2021, September 28). *Winnie the Pooh & Mental Health*. ABM Health Services. https://www.abmhealthservices.com/winnie-the-pooh-mental-health/

Price, E. C., Fiske, A., & Edelstein, B. (2015). Efficacy of psychosocial interventions in men over 55: A critical review. *GeroPsych: The Journal of Gerontopsychology and Geriatric Psychiatry*, *28*(2), 87–96. https://doi.org/10.1024/1662-9647/a000125

Pritchard, C., Iqbal, W., & Dray, R. (2020). Undetermined and accidental mortality rates as possible sources of underreported suicides: population-based study comparing Islamic countries and traditionally religious Western countries. *BJPsych open*, *6*(4), e56. https://doi.org/10.1192/bjo.2020.38

Raskin, J. D. (2024). *Psychopathology and mental distress: Contrasting perspectives* (2nd ed.). Bloomsbury Academic.

Rogers, L. O. (2022). From promoting healthy masculinities to nurturing healthy humans and societies: Commentary on Di Bianca and Mahalik (2022). *American Psychologist*, *77*(3), 338–340. https://doi.org/10.1037/amp0000976

Roy, P., Tremblay, G., & Duplessis-Brochu, É. (2018). Problematizing men's suicide, mental health, and well-being: 20 years of social work innovation in the province of Quebec, Canada. *Crisis: The Journal of Crisis Intervention and Suicide Prevention*, *39*(2), 137–143. https://doi.org/10.1027/0227-5910/a000477

Swetlitz, N. (2021, July 1). *Depression's problem with men*. Journal of Ethics | American Medical Association. https://journalofethics.ama-assn.org/article/depressions-problem-men/2021-07

Vannoy, S., Park, M., Maroney, M. R., Unützer, J., Apesoa-Varano, E. C., & Hinton, L. (2018). The perspective of older men with depression on suicide and its prevention in primary care: Implications for primary care engagement strategies. *Crisis: The Journal of Crisis Intervention and Suicide Prevention*, *39*(5), 397–405. https://doi.org/10.1027/0227-5910/a000511